

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (5-99)		VOUCHER NUMBER				
1. CIR./DIST./DIV. CODE <b>CANSJ</b>	2. PERSON REPRESENTED <b>BARRIENTOS, ROLANDO</b>					
3. MAG. DKT./DEY NUMBER	4. DIST. DKT. REF. NUMBER <b>CR-07-00504-JW</b>	5. APPEALS DECK/REF. NUMBER	6. OTHER DKT NUMBER			
7. IN CASE/MATTER OF / <i>Case Name</i> <b>U.S. V. SAEZ, ET AL.</b>	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Post Conviction <input type="checkbox"/> Other	9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE <i>(See Instructions)</i> <b>CC</b>			
11. OFFENSE(S) CHARGED <i>(One U.S. Code Title &amp; Section. If more than one offense, list (in 1-5) major offenses charged, according to severity of offense)</i> <b>21:846 &amp; 21:847(b)(1)(B)(i)(ii); 21:841(a)(2) &amp;</b>						
12. ATTORNEY'S NAME, FIRST NAME, LAST NAME, AND MAILING ADDRESS <b>BRUCE CHARLES FUNK 46 W. SANTA CLARA ST. SAN JOSE CA 95113</b>  Telephone Number <b>408-256-6488</b>		13. COUNSEL ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-counsel <input type="checkbox"/> F Sub for Federal Defender <input type="checkbox"/> R Sub for Retained Atty. <input type="checkbox"/> P Sub for Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other <i>(See Instructions)</i>  May Judge Terminate <i>(Signature)</i> <b>Patricia V. Tumbull</b> By Order Of Presiding Judicial Officer or By Order Of The Court <b>9/20/2007</b> Date Of Order Name Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service Settlement of appointment <input type="checkbox"/> YES <input type="checkbox"/> NO				
14. NAME AND MAILING ADDRESS OF LAWYER OR FIRM <i>(See Instructions)</i> <b>RICHARD W. WIEKING CLERK, U.S. DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA</b>						
CATEGORIES <i>(foundations within the court system)</i>						
CATEGORIES		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. In Court	a. Arraignment and/or Filing					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals/Clears					
	h. Other <i>(Specify Or Adj. Amount)</i>					
(RATE PER HOUR = ) TOTALS:						
16. Out Of Court	a. Interview and conference					
	b. Observing and reviewing testimony					
	c. Legal research and brief writing					
	d. Trial notes					
	e. Investigative and other work <i>(Specify or Adj. Amount)</i>					
(RATE PER HOUR = ) TOTALS:						
17. Travel Expenses <i>(Lodging, parking, meals, mileage, etc.)</i>						
18. Other Expenses <i>(other than expert, transcription, etc.)</i>						
GRAND TOTALS (CLAIMED AND ADJUSTED)						
19. CERTIFICATION OF ATTORNEY PAYMENT TO THE COURT OR SERVICE FROM: _____				20. APPOINTMENT TERMINATION DATE <i>(If other than case completion)</i>		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Full Payment <input type="checkbox"/> Partial Payment <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you or anyone for or on your behalf or anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details of additional source. I swear or affirm the truth or correctness of this representation. Signature Of Attorney _____ Date _____						
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOT. AMT. APPR./CERT.		
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				28A. JUDGE/MAG CODE		
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED		
34. SIGNATURE OF CHIEF JUDGE, CLERK OF COURT, OR DELEGATE <i>(approved in name of the presiding judicial officer)</i>				34A. JUDGE CODE		